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APPLICANTS William S. Nevin, Tucson, AZ; Susan K. Wortman, Tucson, AZ; James C. Wysocki, Tucson, AZ;				
** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/30/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>D. K. Lebaugh</i> <i>DKC</i> Examiner's Signature Initials		STATE OR COUNTRY AZ	SHEETS DRAWING 26	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 2				
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TITLE Health care provider information system				
FILING FEE RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	